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| <b>Case Number:</b>   | CM14-0050535 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 11/27/2011 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 02/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Acupuncture, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The purpose of this review is to determine the necessity for six acupuncture sessions. The applicant is a male employee who has filed an industrial claim for injuries to his lumbar spine that occurred on November 27, 2011. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of lower back pain which radiates down his lower extremities. As of December 19, 2013, the primary treating physician requested an additional six sessions of acupuncture to treat his pain and to reduce some of his symptoms. The applicant received acupuncture treatment in the past and received relief. The applicant's current diagnosis consists of lumbosacral strain/sprain, wrist sprain/strain, depressive disorder, and insomnia. He remains off work. Treatment to date includes, but is not limited to, acupuncture, chiropractic, electric shock therapy, MRI's, physical therapy, pain, and anti-inflammatory medications. The applicant remains "Temporarily totally disabled". In the utilization review report, dated February 26, 2014, the UR determination did not approve the additional six sessions of acupuncture in light of "functional improvement" based on the Medical Treatment Utilization Section (MTUS). Records provided indicate the applicant received prior acupuncture sessions, however, do not indicate a discussion of such past acupuncture treatments, a decrease in medical intervention, or a measured increase in functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lumbar acupuncture, once weekly for six weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Evaluating a request for additional acupuncture is based on the Acupuncture Medical Treatment Guidelines recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant continues to remain "Temporarily totally disabled" His work status did not change due to this course of treatment. Therefore, the request for lumbar acupuncture therapy, once weekly for six weeks, is not medically necessary or appropriate.